

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore. 13

Permit No. 99752 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12 1907

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hiram H. Smoot

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard Co. Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, { Give Street and Number. } 206 Parker Street  
Parker

Cause of Death, { First (Primary), Cardiac. Dr. Smoot  
Second (Immediate), }

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Leaden Park Cemetery

Date of Burial, May 14

{ Undertaker, Joseph B. Cook } A. T. Bell M. D.  
Medical Attendant.

{ Place of Business, 1003 W. Baltimore } Address, 3 E. Read St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99753

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99753 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 12 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Korbvich

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 47 Years, 9 Months, 7 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Married

Occupation, ✓

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} 67 (old No.) Whitecat St

Cause of Death, {First (Primary), Ch. Gonorrhea, Nephritis  
Second (Immediate),}

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, May 14

Undertaker, J.B. Cook

Place of Business, 1003 W. Baltimore Address, J. H. Chappell M. D. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



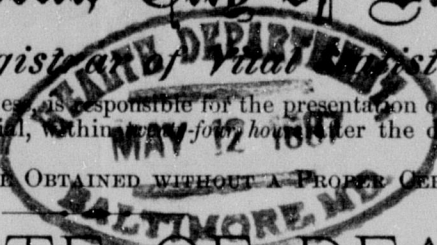
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99757 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,                      Years, 2 Months,                      Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infants Asylum

Cause of Death, { First (Primary), Second (Immediate). } Marasmus  
Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New South Church

Date of Burial, May 12. 1887

Undertaker, John Masters F. J. Flannery M. D.  
Medical Attendant.

Place of Business, Division St. Address, 1701 Dr. Hill av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department of Baltimore.

Permit No. 99755 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Fred. Geo. Hornwing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 Years, 2 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 1401 Eden St. near Fayette St.

Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. m.

Date of Burial, May 13<sup>th</sup> 1887.

Undertaker, John Kennerly Edwin B. Kenby, M. D.

Medical Attendant.

Place of Business, 2008 Orleans St. Address, 1401 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99756 Office of Registrar of Birth and Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 11<sup>th</sup> 1887

Full Name of Deceased, Sam Booth { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ballerina

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dance, Leipzig

Duration of Residence in the City of Baltimore, 1406 Gbennett av

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Phtisis Second (Immediate), 6 months }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Deer Hill

Date of Burial, May 12<sup>th</sup> 1887

Undertaker, Samuel Hark } O. A. Cooke M. D. Medical Attendant.

Place of Business, 115 West St Address, 124 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99757 Office of Registrar of Vital Statistics.

Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

May 11<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Grubert

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 34 Years,

3 Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

since birth

Place of Death, { Give Street and Number. }

32 Barney St.

Cause of Death, { First (Primary), Second (Immediate), }

Inflammation of Liver

Duration of Last Sickness,

4 or 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Church

Date of Burial, May 13<sup>th</sup> 1887

{ Undertaker, Reinhold Hark

H. Smith

M. D.

Medical Attendant.

{ Place of Business, 115 West St

Address, 909 L. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

## Board of Health, City of Baltimore,

Permit No.

99758

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a ~~Per~~ Certificate.

### CERTIFICATE OF DEATH.

Date of Death,

May 11th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sacrie Bisson Abbe

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

29.

Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the word not required in this line. }

Occupation,

Birthplace,

{ State or Country and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

All his life

Place of Death,

{ Give street and number. }

101810 N. Charles Street

Cause of Death,

{ First, (Primary.) }

{ Second, (Immediate.) }

Acute Bright's Disease

Paralysis of the Heart

Duration of Last Sickness,

Nearly six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Green Mount

Date of Burial,

May 14th 1887

{ Undertaker,

H. W. Jenkins & Son

{ Place of Business,

Park Heights Etc

H. T. O. Miller M.D.,  
Medical Attendant.

Address, 814 Park St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



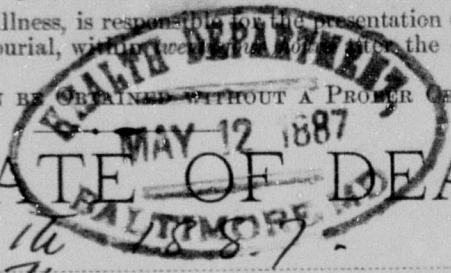
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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99759 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within three days after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 1887

Full Name of Deceased, Joseph Curran

Sex, Male or Female, {Cross out the word not required in this line. }

Age, 2 Years, 2 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number. } Sh. Vincent's Asylum

Cause of Death, {First (Primary), Nervousness  
Second (Immediate), Ex Life

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 12

{ Undertaker, Andrew Bohde } F. J. Filanery M. D. Medical Attendant.

{ Place of Business, 730 Penn Ave } Address, 1701 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. **99740**

Office of Registrar of Vital Statistics.

Ward

**13<sup>2</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, **11 May, 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mary Evans**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **75** Years, **5** Months, **13** Days.

Color, **White**

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **none**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore Co.**

Duration of Residence in the City of Baltimore, **7 yrs**

Place of Death, { Give Street and Number. } **884 W. Lombard**

Cause of Death, { First (Primary), Second (Immediate), } **Old age**  
**Paralysis**

Duration of Last Sickness, **Three months**

All the above information should be furnished by the Physician.

Place of Burial, **London Park Cemetery**

Date of Burial, **May 13 1887**

Undertaker, **Wm B Cook**

Place of Business, **1003 W. Baltimore** Address, **1403 W. Fayette St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9976 Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 12<sup>th</sup> 87

Full Name of Deceased, Lora Gebrei  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 8 Years, 12 Months, 13 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Germany

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, 227 Perkins  
{ Give Street and Number. }

Cause of Death, Old age  
{ First (Primary), }

Exhaustion  
{ Second (Immediate), }

Duration of Last Sickness, Five Mors

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13<sup>th</sup> 1887

Undertaker, Geo. Leimbach

Place of Business, 647 W. Pratt

B. F. Phillips M. D.

Medical Attendant.

Address, 735 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]